FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

22

23

24

Žip

City & State

75 PINE STREET

ENGLEWOOD FL 33533

Country

CALVARY BAPTIST CHURCH OF ENGLEWOOD, FLORIDA, IN CORPORATED

Principal Place of Business Mailing Address 75 PINE STREET 75 PINE STREET ENGLEWOOD FL 34223-3925 ENGLEWOOD FL 34223 2. Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. Suite, Apt. #, etc.

27

28

25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name METTS, WALLIS C

Zip

City & State

82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code 64 City

3. Date Incorporated or Qualified 10/01/1969

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

FILED

Feb 13 1997 8:00am

Secretary of State

П

Yes No

8. This corporation has liability for Intangible tax under s. 199.032,

3a. Date of Last Report 03/22/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) X DELETE Addition TITLE Y Change 1.1 TITLE **DUFF. BRANDON** Sam Smith 1.2 NAME NAME 75 PINE ST. 75 Pine St. STREET ADDRESS 1.3 STREET ADDRESS **ENGLEWOOD FL** Englewood, FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE TAYLOR, KURT NAME 2.2 NAME 75 PINE ST. STREET ADDRESS 2.3 STREET ADDRESS ENGLEWOOD FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition BELL, MARK NAME 3.2 NAME 75 PINE ST. STREET ADDRESS 3.3 STREET ADDRESS ENGLEWOOD FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Y Change Addition **BOWMAN, BERNIE** 4. 2 NAME NAME Ron Hand Sr. 75 PINE STREET STREET ADDRESS 4.3 STREET ADDRESS 75 Pine St. **ENGLEWOOD FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP Enalewood, Fl DELETE TITLE 5.1 TOTLE Change Addition LEFTWICH, RICK NAME 5.2 NAME 3104 SHAMROCK BLVD STREET ADDRESS 5.3 STREET ADDRESS **VENICE FL** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME METTS, WALLIS C. 6.2 NAME 75 PINE ST. STREET ADDRESS 6.3 STREET ADDRESS **ENGLEWOOD FL** 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comoral over the receiver or truster impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block

SIGNATURE: